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April 6, 2018

Congressman Greg Walden, Chairman  
Energy and Commerce Committee  
2185 Rayburn HOB  
Washington, DC 20515

Dear Chairman Walden,

On behalf of the members of the International Community Corrections Association (ICCA), I write in strong support of the purpose and goals of the Medicaid Reentry Act, H.R. 4005, sponsored by Rep. Mike Tonko. The bill seeks to improve outcomes for justice-involved individuals who struggle with a substance use disorder.

**Medicaid availability is especially critical now. There have been record deaths across the nation due to opiates** and a peak is still expected. This is a chronic health condition that requires diligence and tenacity, as we know that addiction can be a long road without quick fixes. According to the American Society of Addiction Medicine, opioid addiction relapse mirrors remission and relapse statistics for other chronic diseases such as hypertension, diabetes and asthma<sup>1</sup>. Unfortunately, our clients' cases are compounded by the fact that they are much more likely to be diagnosed with mental illness or substance use disorders than the general population.

The criminal justice-involved population our members serve is actively working to overcome patterns of criminal thinking and behavior, seeking employment, and reconnecting with their families. In addition, some of these individuals suffering from mental illness and/or addiction either were not assessed in an incarcerated setting or are awaiting placement in treatment services. Representative Tonko's Medicaid Reentry Act seeks to remedy these problems.

As the bill summary states, "Medicaid is generally prohibited from paying for expenses incurred while a beneficiary is incarcerated, even when an incarcerated individual remains Medicaid eligible. The Medicaid Reentry Act would grant states limited new flexibility to restart benefits for Medicaid-eligible incarcerated individuals 30 days prior to release. By allowing states to restart Medicaid benefits prior to release, states would be able to more readily provide effective addiction treatment and care coordination services pre-release, allowing for smoother transitions to community care and reducing the risk of overdose deaths

<sup>1</sup> Please see <https://www.asam.org/docs/default-source/advocacy/cmm-fact-sheet---11-07-14.pdf?sfvrsn=0>

post-release. This new flexibility would dovetail with innovative reentry programs already being implemented in communities across the country and would give individuals reentering society a fighting chance to live a healthier, drug-free life. This legislation does not expand Medicaid eligibility in any way.”

Your committee understands the relationships that exist between human services and criminal justice and that the families we serve appear in a myriad of social service settings and applying pressure on one end only causes a build-up in another area. We applaud your leadership in creating an infrastructure that aims to address the suffering in this country. The Medicaid Reentry Act, we believe, will have an overall continued positive impact in reducing prison beds as well as reducing drug dependency while making our communities safer. In particular, our member agencies have a long history of successful treatment of criminal justice-involved individuals with substance use disorders. These changes allowing state and county flexibility is especially helpful as we continue to deal with the opiate crisis.

Thank you for this opportunity to express our views. Please feel free to contact me with any questions at [edonnarumma@crj.org](mailto:edonnarumma@crj.org).

Sincerely,

A handwritten signature in dark ink, appearing to read 'EDonnarumma', with a long horizontal flourish extending to the right.

Ellen Donnarumma  
President  
International Community Corrections Association